PF-10-0063-0588

PO Box 295 Trenton, NJ 08625-0295

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS POLICE AND FIREMEN'S RETIREMENT SYSTEM REPORT OF TRANSFER

Please do not write in this box.

LOCATION NUMBER:	r	MEMBERSHIP NUMBER:	
1. Name:			
(Last)	(First)	(Middle)	(Maiden)
2. Address:	(Street)		
	(Gilecty		
	(City)	(State)	(Zip Code
3. Social Security Number:		4. Membership Nur	mber:
5. Transferred From:			
			(County)
6. Date of Last Deduction:	(from former employer)	_ Payperiod Number:	(State Only)
7. Transferred To:			
			(County)
8. Payroll Title:			
9. Date Employment Begar	n in Your District:		
10. Current Annual Base Sa	alary: \$		
11. Payroll No. (State Emple	oyees Only):		
12. I acknowledge continuati	ion of payroll deductions u	nder the above membersh	nip number.
Signatu	Signature of Member		Date
13Signature of Certifying	Officer Fmplo	ying Agency Co	unty D

Failure to complete this form in its entirety will result in a delay of processing the transfer. **See reverse side for instructions and mailing address.**

INSTRUCTIONS

This form is to be completed for any member of the Police and Firemen's Retirement System who transfers from one New Jersey employer to another. The Report of Transfer should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. You are asked to establish that the employee's membership in the Police and Firemen's Retirement System is in good standing and has not expired or been withdrawn. If the employee's membership has expired or been withdrawn the employee must complete a new Enrollment Application.

The Division of Pensions and Benefits will process the Report of Transfer and will send a "Certification of Payroll Deduction" to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295